

REFERRAL for INVESTIGATION  
[ ] "Front End" [ ] Regular

Case Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Route Number City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Directions to Home: \_\_\_\_\_

Person(s) Referred for Investigation: (If additional space is needed, continue on back.)

	Name	Age	Sex	Race	Social Security No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Program(s) of Suspected Erroneous Payment:

	Program(s)	Case Number	State ID Number	Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate length of erroneous payment: \_\_\_\_\_

Is erroneous payment on-going? [ ] Yes [ ] No, date stopped: \_\_\_\_\_

Is verification of erroneous payment in case file? [ ] Yes, please attach. [ ] No

Has erroneous payment been discussed with the client? [ ] Yes, date \_\_\_\_\_ [ ] No

What were the a/r's remarks, comments, reactions or attitude observed during the interview?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant/ recipient appear to be mentally competent? [ ] Yes [ ] No

Were there any visible physical disabilities? [ ] Yes [ ] No

If yes to either, please describe: \_\_\_\_\_

How was the erroneous payment discovered? \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Income Maintenance Caseworker: \_\_\_\_\_

Date

Signature of Eligibility Supervisor: \_\_\_\_\_

Date